

FILED-CLERK

U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

2013 FEB 20 AM 10:48

TX EASTERN-MARSHALL

COMPUFILL, LLC

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)
)

BY _____

Plaintiff(s)

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)

Civil Action No. 2:13-CV-00106

v.
HEB GROCERY COMPANY, LP

)
)
)
)
)

Defendant(s)

)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* HEB Grocery Company, LP
c/o Abel Martinez
646 S. Main Ave.
San Antonio, TX 78204

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Darrell G. Dotson

Stevens Love
222 N. Fredonia St.
Longview, Texas 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 2/8/13



CLERK OF COURT



Signature of Clerk or Deputy Clerk

Civil Action No. 2:13-CV-00106

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) HEB Grocery Company, LP
was received by me on (date) 2/8/2013

I personally served the summons on the individual at (place) _____

on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____; or

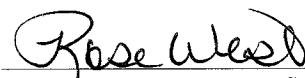
I returned the summons unexecuted because _____; or

Other (specify) Served by certified mail, RRR #7012 1010 0000 2376 5229, upon
Abel Martinez, 646 S. Main Ave., San Antonio, TX 78204 on
2/11/2013.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 2/15/2013



Server's signature

Rose West, Legal Assistant

Printed name and title

P.O. Box 3427, Longview, Texas 75606

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

CONFIDENTIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.17

Postmark
DOWNTOWN SAN ANTONIO, TX 78204
FEB 8 2013
U.S. POSTAL SERVICE

SENT TO
HEB c/o Abel Martinez
Street, Apt. No.
or PO Box No. 6446 S. Main Ave
City, State, ZIP+4
San Antonio, TX 78204

PS Form 3800, August 2006 See Reverse for Instructions

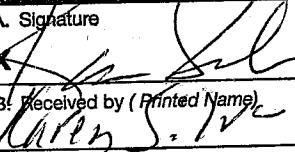
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HEB Grocery Company
 c/o Abel Martinez
 6446 S. Main Ave.
 San Antonio, TX
 78204

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Karen S. Lee	C. Date of Delivery FEB 11 2013
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7012 1010 0000 2376 5229

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540